



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 19th day of June, 2023
Document # LW1-2
Fee paid: cash check credit
By: KA
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: #1 WARD, CITY COUNCIL LAUREL MT Name of Political Party OR Nonpartisan
Full name of office including district and/or department numbers if applicable

Candidate Name (printed exactly as it should appear on the ballot): THOMAS CANAPE

Mailing Address: 102 6TH AVE City and State: LAUREL MONTANA Zip Code: 59044

Residence Address: 102 6TH AVE City and State: LAUREL MONTANA Zip Code: 59044

County of Residence: YELLOWSTONE Contact Phone: 406-861-2400 Email Address: canape.thomas@gmail.com Website Address:

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):
Mailing Address: Residence Address:
Phone: Email Address: Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ 60.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

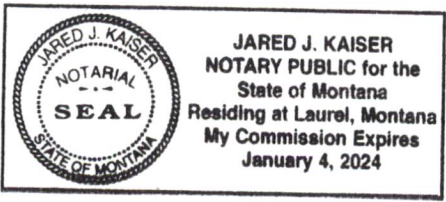
Thomas Canape Signature of Candidate 6-16-2023 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
County of Yellowstone
Signed and sworn to before me this 16 day of June, 2023 by

Where to file Federal, Statewide, State District and Legislative offices:
Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:
County Election Office
A list of county election offices may be found at: sosmt.gov/elections



Thomas Canape
Printed Name of Candidate
[Signature]
Signature of Notary or Public Official

[SEAL/STAMP]